



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
DHSS Breath Alcohol Program
By Carol Day at 4:22 pm, Jun 24, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

St Charles County SD 66002821

DATE OF INSPECTION

06/24/09

LOCATION OF INSTRUMENT (STREET AND CITY)

1200 South Holden Warrensburg

TIME OF INSPECTION

1520

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

✓ DVM TEST: (.350 ± .150) .357

✓ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) pass

✓ CHARACTER DISPLAY TEST pass

✓ PRINT TEST (PRINTOUT ATTACHED) pass

✓ TIME AND DATE pass

✓ CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

✓ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

□ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .099

TEST 2 .100

TEST 3 .100

✓ SIMULATOR TEMPERATURE (34° ± .2°C) 34.0

✓ PERFORM RFI TEST (PRINTOUT ATTACHED) pass

✓ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	Over .19
—	—	—	—	—	—

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Adjust voltages

Guth Labs 0.10 Lot #08280 Exp 08/11/09

INSPECTING OFFICER

SIGNATURE

Tracey D.L.

PRINT NAME

TRACEY DURBIN

TYPE II PERMIT NUMBER/EXPIRATION DATE

9200240 02/18/11

TELEPHONE NUMBER

(660) 543-4573



GUTH LABORATORIES, INC.

690 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-504-0470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 08280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1212 percent (w/vol) ethyl alcohol. The expiration date for this lot number is August 11, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



TRACEY DURBIN

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER;INTOXILYZER 5000;ALCO-SENSOR IV/RBT IV

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/18/09
Number 920026
Expires 02/18/2011

MO 580-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)

SN 66-002821
E735.23

06/24/2009
15:20

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789I0#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789I0#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789I0#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789I0#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789I0#abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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EMI

PMS
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 8000 SN 66-002821
06/24/2009

DIAGNOSTIC TEST

15:20

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC

PASSED

PRINTER CHECK

ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

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EMI

SN 66-002821
E735.23
INVALID TEST
INHIBITED - RFI

06/24/2009
15:31

PMS
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-002821
06/24/2009

TEST	%BAC	TIME
AIR BLANK	.000	15:28
CAL. CHECK	.099	15:28
AIR BLANK	.000	15:29
CAL. CHECK	.100	15:29
AIR BLANK	.000	15:29
CAL. CHECK	.100	15:30
AIR BLANK	.000	15:30

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

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ADDITIONAL INFORMATION AND/OR REMARKS

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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